

WHAT HEALTH REFORM MEANS FOR WOMEN

Insurance Industry Reforms Save Women Money

- All lifetime limits on how much insurance companies cover if women get sick and bans insurance companies from dropping women from coverage when they get sick are prohibited. The Act also restricts the use of annual limits in all new plans and existing employer plans this year, until 2014 when all annual limits for these plans are prohibited.
- Going forward, plans in the new Health Insurance Exchanges and all new plans will have a cap on what insurance companies can require women to pay in out-of-pocket expenses, such as co-pays and deductibles.
- These reforms will help women, as more than half of women report delaying needed care because of cost, and one-third of women were forced to make a difficult tradeoff such as giving up basic necessities in order to get health care.

Financial Relief for Women

- Provides tax credits starting in 2014 for women who cannot afford quality health insurance.
- Provides a \$250 rebate to Medicare beneficiaries who hit the donut hole in 2010. Beginning in 2011, the Act institutes a 50 percent discount on brand name drugs in the donut hole, and the Act will completely close the donut hole for all prescription drugs by 2020.
- Supports States starting in plan year 2011 in requiring health insurance companies to submit justification for requested premium increases, and insurance companies with excessive or unjustified premium exchanges may not be able to participate in the new Exchanges.
- Cracks down on excessive insurance overhead starting in 2011 by applying standards to how much insurance companies can spend on non-medical costs, such as bureaucracy, executive salaries, and marketing, and provides consumers a rebate if non-medical costs are too high.

Ending the "Hidden" Tax on American Families

- Covers more Americans to reduce cost-shifting that increases premiums for insured Americans. To pay for the medical costs of the uninsured, medical providers pass these costs on to private insurers, which cause family premiums to increase by about \$1,000 a year, on average.

Greater Choices for Women: Ends Insurance Company Discrimination

- Insurance companies will no longer be able to deny children coverage based on preexisting conditions. Going forward, the Act will prohibit insurance companies from denying any woman coverage because of a pre-existing condition, excluding coverage of that condition, or charging more because of health status or gender. Right now, a healthy 22-year-old woman can be charged premiums 150 percent higher than a 22-year-old man.
- Affordable insurance will be provided to uninsured Americans with pre-existing conditions through a temporary subsidized high-risk pool, which will help protect them from medical

bankruptcy. This high risk pool is a stop-gap measure that will serve as a bridge to a reformed health insurance marketplace.

More Affordable Choices and Competition

- Creates state-based health insurance Exchanges to provide women with the same private insurance choices that the President and members of Congress will have, including multistate plans to foster competition and increase consumer choice.

One-Stop Shopping to Put Women in Charge

- Provides standardized, easy-to-understand information through the Exchanges on different health insurance plans available in a geographic region so women can easily compare prices, benefits and performance of health plans to decide which quality affordable option is right for themselves and their families. Women are often the decision-makers when it comes to health care for their families.

Insurance Security

- Ensures that women always have guaranteed choices of quality, affordable health insurance if they lose their jobs, switch jobs, move, or become sick, through creation of Exchanges. Less than half of women have the option of obtaining health insurance through a job.

Quality, Affordable Health Care for Women: Preventive Care for Better Health

- New plans will be required to cover prevention and wellness benefits at no charge by exempting these benefits from deductibles and other cost-sharing requirements.
- Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program beginning in 2011.
- Ensures coverage of prevention and basic health services, including maternity benefits, in the new Exchanges to create a system that encourages innovations in health care to prevent illness and disease before women require more costly treatment. Today, maternity benefits are often not provided in health plans in the individual insurance market.

Quality Care for American Children

- Requires coverage of not only basic pediatric services under all new health plans, but also oral and vision needs, starting in 2014. By ensuring coverage for well-child, dental and eye care services, American families will have increased peace of mind and children will be healthier.